

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028808

FILED
Jun 01, 2005
Secretary of State

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, MW, LLC

Current Principal Place of Business:

5900 TURKEY LAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835

Current Mailing Address:

5900 TURKEY LAKE ROAD
ORLANDO, FL 32819

New Mailing Address:

1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835

FEI Number: 06-1722639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNS, BRIAN D
5900 TURKEY LAKE ROAD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

BURNS, STEVEN C
1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN C. BURNS

06/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LAJOIE, MARILYN
Address: 5900 TURKEY LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAJOIE, MARILYN M.D.
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

Title: PRES () Change (X) Addition
Name: BURNS, STEVEN C
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

Title: VP () Change (X) Addition
Name: LAJOIE, M.D., MARILYN
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARILYN LAJOIE, M.D.

MGR

06/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date